

## PAEDIATRIC & CHILD HISTORY FORM

*It is a pleasure to welcome your child as a chiropractic patient. Dr. Frederick and Team look forward to working with you and your family to build better health for everyone! Please help us get to know your child a little better by completing the following information as best as you can.*

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home # \_\_\_\_\_ Gender: \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_ Email: \_\_\_\_\_

Family M.D.: \_\_\_\_\_ Last Seen? \_\_\_\_\_ Why? \_\_\_\_\_

Previous Chiropractor: \_\_\_\_\_ Last Seen? \_\_\_\_\_ Why? \_\_\_\_\_

Purpose for contacting us? \_\_\_\_\_

Other Doctors seen for this condition? Yes No (circle)

Doctor's names & Treatments \_\_\_\_\_

Other health problems/concerns? \_\_\_\_\_

*Circle any of the following conditions your child has suffered from during the past 6 months:*

Ear Infections	Scoliosis	Seizures	Chronic Colds	Asthma/Allergies
Digestive Problems	ADHD	Recurring Fevers	Colic	Bed Wetting
Car Accidents	Headaches	Growing Pains	Back Pain	Other _____

Family History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight? \_\_\_\_\_ Height? \_\_\_\_\_

Number of doses of antibiotics your child has taken:

During past 6 months? \_\_\_\_ Total During his/her lifetime: \_\_\_\_\_

Number of doses of other prescription medications your child has taken:

During past 6 months? \_\_\_\_ Total During his/her lifetime: \_\_\_\_\_

List their names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vaccination History: \_\_\_\_\_

**PRENATAL HISTORY:**

Name of Obstetrician/Midwife: \_\_\_\_\_

Complications during pregnancy? \_\_\_\_ No \_\_\_\_ Yes, List: \_\_\_\_\_

Ultrasounds during pregnancy? \_\_\_\_ No \_\_\_\_ Yes, Number: \_\_\_\_\_

Medications during pregnancy/delivery? \_\_\_\_ No \_\_\_\_ Yes, List: \_\_\_\_\_  
\_\_\_\_\_

Cigarette/Alcohol use during pregnancy? \_\_\_\_ No \_\_\_\_ Yes

Location of Birth: \_\_\_\_\_ Hospital \_\_\_\_\_ Home

Birth Intervention: \_\_\_\_ Forceps \_\_\_\_ Vacuum Extraction \_\_\_\_ Caesarian Section, Emergency or Planned  
(Circle one)

Complications during delivery? \_\_\_\_ No \_\_\_\_ Yes, List: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_

**FEEDING HISTORY:**

*Breast Fed:* \_\_\_\_ No \_\_\_\_ Yes, How long: \_\_\_\_\_

Formula Fed: \_\_\_\_ No \_\_\_\_ Yes, How long: \_\_\_\_\_ Type/Brand Fed: \_\_\_\_\_

Introduced to solids at : \_\_\_\_ Months, Cows milk at \_\_\_\_ months.

Food/Juice Allergies or intolerances: \_\_\_\_ No \_\_\_\_ Yes List: \_\_\_\_\_  
\_\_\_\_\_

**DEVELOPMENTAL HISTORY:**

During the following times, your child’s spine is most vulnerable to stress and should routinely be checked by a Doctor of Chiropractic for prevention and early detection of vertebral **subluxation** (spinal nerve interference). At what age was your child able to:

\_\_\_\_\_ Respond to Sound \_\_\_\_\_ Cross Crawl \_\_\_\_\_ Respond to Visual Stimuli \_\_\_\_\_  
Stand Alone \_\_\_\_\_ Hold Head Up \_\_\_\_\_ Sit Up \_\_\_\_\_ Walk Alone \_\_\_\_\_

According to the National Safety Council, almost 50% of children fall headfirst from a high place during their first year of life (i.e. a bed, changing table, down stairs, etc.).

Was this the case with your child? \_\_\_No \_\_\_Yes

Is/Has your child been involved in any high impact or contact sports? \_\_\_No \_\_\_Yes

List: \_\_\_\_\_

Has your child ever been involved in a car accident? \_\_\_No \_\_\_Yes, When: \_\_\_\_\_

Other traumas not described above? \_\_\_No \_\_\_Yes, List: \_\_\_\_\_

\_\_\_\_\_

Minor Surgery: \_\_\_No \_\_\_Yes, List: \_\_\_\_\_

Menarche/Menses: \_\_\_No \_\_\_Yes, Began at what age: \_\_\_\_\_

**CHILDHOOD DISEASES:**

Chicken Pox No/Yes, Age \_\_\_\_\_

Mumps No/Yes, Age \_\_\_\_\_

Rubella No/Yes, Age \_\_\_\_\_

Whooping Cough No/Yes, Age \_\_\_\_\_

Rubeola No/Yes, Age \_\_\_\_\_

Other No/Yes, Age \_\_\_\_\_

List other: \_\_\_\_\_

*We are here to serve you, and encourage you to ask questions. Your participation is vital and will help determine your child’s results.*